

May 28 2014

Gary Kautler

715-817-3356

RECEIVED

2014 JUN -2 AM 8:28

GOVERNMENT
ACCOUNTABILITY BOARD

GAB Please except the Following
- Declaration of Candidacy 2) Three Pages Statement
of Economic Interests 3) Fifty additional Signatures
on 5 nomination Papers With corrected Header

GAB-162

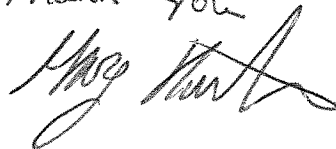
GAB-904

GAB-168

I wish to challenge valid Signatures within calendar
Days of deadline for filing nomination papers.
for the Following reasons.

1. U.S. Senate seat not up this year
2. The election Date did not ask for year
3. Title of office is senate did not ask for ~~U.S.~~ U.S. or state
4. the Dist 25 is noted in the appropriate Block
5. Line Reads : Senate Dist 25 state of Wisconsin before Recommen
changes by GAB
6. all signatures were gotten by myself, not internet Groups Just
getting required signatures Like my opponents who actually sent me
blank GAB 168 asking me to get them signatures, I spoke to each
and every Person that signed for me an it was very clear what
office I was seeking
7. I have enclosed Fifty additional signatures to Gab with there
requested changes on nomination papers
8. I would have gotten another four hundred signatures but
Just had Shoulder replacement surgery, I have served my country
and now fill a need to serve again, but I trust that the right
decision will be made by gab.

Thank you



WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
MICHAEL HAAS, ELECTIONS DIVISION ADMINISTRATOR
212 E WASHINGTON AVE
PO BOX 7984
MADISON, WI 53703-2855
(608) 261-2028

Candidate ID # : 104529
GARY KAUTHER
8754 E MIDDLE RIVER RD
POPLAR, WI 54864-9061

This is to acknowledge receipt for the nomination papers of
GARY KAUTHER
FOR THE OFFICE OF STATE SENATE - DISTRICT 25

August Partisan Primary - Governor to be held August 12th, 2014

Party Affiliation: Democratic

Nomination Papers filed May 21st, 2014

Declaration of Candidacy filed May 21st, 2014 — not notarized, need new copy

Statement of Economic Interest filed (Not Filed) — Due June 5th

Number of Valid Signatures: 0 — irregularities in header (no year, no indication of State or US Senate). Recommend re-circulation with amended header. Short 38, even if accepted as-is.

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challenge within 3 calendar days following the deadline for filing nomination papers.

Verified By



Date: May 21st, 2014

Declaration of Candidacy

(See instructions for preparation on back)

Is this an amendment?

☐ Yes (if you have already filed a DOC for this election)

☒ No (if this is the first DOC you have filed for this election)

I, Gary Kanther, being duly sworn, state that
Candidate's name

I am a candidate for the office of State Senate dist 25
Official name of office - include district, branch or seat number

representing Democrat
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.¹

My present address, including my municipality of residence for voting purposes is:

8754	middle river rd	Poplar Wis	54864	Town of <input checked="" type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/>	Amnicon
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Municipality of Residence for Voting	

My name as I wish it to appear on the official ballot is as follows:

Gary Kanther
(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

STATE OF WISCONSIN

County of Douglas
(County of notarization)

ss.

Subscribed and sworn to before me this 25 day of May, 2014.

Gary M Kanther
(Signature of person authorized to administer oaths)

My commission expires March 20, 2016 or ☐ is permanent.

☒ Notary Public or _____
(Official title, if not a notary)

NOTARY SEAL
NOT REQUIRED

GARY MIKEL KANE
Notary Public
State of Wisconsin

The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b).

GAB-162 | Rev. 2014-04 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: gab.wi.gov | email: gab@wi.gov

¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

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2014 JUN -2 AM 8:29
GOVERNMENT
ACCOUNTABILITY BOARD

**** Attach additional pages as needed/Please See Instructions.****

As of December 31, 2013

b) Other Investments. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

2. **BUSINESS ACTIVITIES.** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business
0				

b) Enterprise(s) NOT operating under a business or trade name, list here.

Street address or fire number	Municipality or Town	County	State	Describe nature of business
0				

3. **COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS.** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, from which the filer or a member of the filer's immediate family received \$10,000 or more in 2013, list businesses, organizations, and lobbyists that paid the enterprise \$10,000 or more in calendar year 2013.

Check if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State	"✓"
0			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

4. **BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State
0			

5. **NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality Or Town	County	
Wild 40 old Lyman Lake	Darkland	Douglas	own

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director (unless listed in Item #2.)

Business or organization	City	State	Position
0			

7. AGENT, REPRESENTATIVE OR SPOKESPERSON. List each organization that authorized you or a family member to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 2, 3, or 6.)

Business or organization	City	State
0		

8. CREDITORS. List creditors to which you or your family owed \$5,000 or more.

Creditor	City	State	"✓" one	
			\$50,000 or less	More than \$50,000
U.S Bank Home Mortgage	Poplar	Wis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Discover Card	Poplar	Wis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part B

For calendar year 2013

9. EMPLOYERS. List your and your family's EMPLOYERS (\$1,000 or more of income) in 2013.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
Railroad Retirement	Poplar	Wis	Railroad Unemployment

10. ADDITIONAL SOURCES OF INCOME. List other sources from which you or your family received income of \$1,000 or more in 2013.

Source of income	City	State
Wife Sappi Paper mill	Clognet	Minn


11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2013.

Name of provider	City	State

12. HONORARIA AND EXPENSES. List, for 2013, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Government Accountability Board.

Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
0			

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior to December 31st for an election in the following year, I certify that I will amend it on or before the statutory filing deadline if an amendment is necessary to bring it into conformity with the true statement of my economic interests as of December 31, 2013. **If any part has been left blank, I have done so intentionally because there is nothing to report.**

Signature of person filing  Date 5/22/14 Daytime phone # 715-817-3356
E-mail address garykawther@yahoo.com

The information sought in this form is required by §§19.43 and 19.44, *Wisconsin Statutes*. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

**SUPPLEMENTAL
NOMINATION PAPER RECEIPT NO. 57**

**GOVERNMENT ACCOUNTABILITY BOARD
ELECTIONS DIVISION**

P. O. BOX 2973
MADISON, WI 53701-2973
608-266-8005

748

Candidate ID No. 104529

Candidate Gary Kanther

Telephone _____

Nomination papers received from:

Candidate ☐ Other ☐ Mail ☒
(If other, indicate name below)

Name _____

Approximate Number Signatures 50

Agency Staff RB

(For office use only)

WECF ☐ DOC ☐ Ethics ☐

(Date Filed)

Date _____ Initials _____

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Gary Kauther		Street, fir, or rural route number; box number (if rural route); and name of street or road 8754e middle river rd		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village of <input type="checkbox"/> City of	
Name of municipality for mailing purposes Poplar	State WI	Zip code 54864	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date Nov 4 2014	Name of Party or Statement of Principle (5 words or less) Democrat
Title of office State Senate			Name of jurisdiction or district in which candidate seeks office State of Wisconsin 25 District		

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than the municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.					
Signatures of Electors	Printed Name of Elector	Street & Number or Rural Route - Rural address must also include box or fire no.	Municipality of Residence Provide name of municipality	Date of Signing	
1 <i>[Signature]</i>	Brian E. Little	3132 S-Baker Rd	Poplar	5-24-2014	
2 <i>[Signature]</i>	Michael A. Navin	1044 East Oak Rd	Poplar	5-24-2014	
3 <i>[Signature]</i>	Cassie Pearl	1044 East Oak Rd	Poplar	5-24-14	
4 <i>[Signature]</i>	Pete Moziel	10133 Barton Ave	Superior	5/24/14	
5 <i>[Signature]</i>	Tracy Albertson	11754 E Wagner Circle	W. Nebacoma	5/24/14	
6 <i>[Signature]</i>	Matthew R. (C.)	4539 S. College Rd.	Amnicon	5/24/14	
7 <i>[Signature]</i>	Nathan Skorski	1578 S. Mark Rd	W. Nebacoma	5/24/14	
8 <i>[Signature]</i>	Billy Horsh	10083 E Oak Rd	Poplar WI	5/24/14	
9 <i>[Signature]</i>	Ken Kest	10006 Emerald Valley	Poplar	5/24/14	
10 <i>[Signature]</i>	Bob Hush	10083 E Oak Rd	Poplar	5/24/14	

CERTIFICATION OF CIRCULATOR

I, **Gary Kauther**, (Name of circulator) certify: I reside at **8754 e middle river rd. Poplar** (Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Gary Kautner		Street, fire, or rural route number; box number (if rural route); and name of street or road 8754 e. middle river rd		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village of <input type="checkbox"/> City of	
Name of municipality for mailing purposes Poplar	State WI	Zip code 54864	District or Jurisdiction <input checked="" type="checkbox"/> District number 25 <input type="checkbox"/> Jurisdiction (county)	Type of election <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	Election date Nov 4 2014
Title of office State Senate			Name of jurisdiction or district in which candidate seeks office State of Wisconsin 25th Dist.		

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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Signatures of Electors	Printed Name of Elector	Street & Number or Rural Route - Rural address must also include box or fire no.	Municipality of Residence Provide name of municipality	Date of Signing	
1 <i>Megandandrea</i>	Megandandrea	3708 S. CTY RD	Poplar	5-23-14	
2 <i>Bobbie Handgren</i>	Bobbie Handgren	3908 S. CTY RD	Poplar	5-21-14	
3 <i>Felisha Chauthu</i>	Felisha Kautner	15315 Williams Lane	Hawthorne	5-23-14	
4 <i>Travis</i>	Travis Kautner	7531 S Williams Lane	Hawthorne	5-23-14	
5 <i>Dan</i>	Dan J. Martin	8139 E. Berg Park Rd	Amnicon	5-23-14	
6 <i>David J. Martin</i>	David J. Martin	8139 E. Berg Park Rd	Amnicon	5-23-14	
7 <i>Mary Lou</i>	Mary Lou	11104 E. Bay Rd B	Amnicon	5-23-14	
8 <i>Sharon</i>	Sharon	10259 S. Lindber Rd	Amnicon	5-23-14	
9 <i>Mark</i>	Mark	5758 E. Auburn Rd	Amnicon	5-23-14	
10 <i>Dan</i>	Dan	8147 E. CTY RD	Amnicon	5-23-14	

CERTIFICATION OF CIRCULATOR

I, **Gary Kautner**, (Name of circulator) certify: I reside at **8754 e. middle river rd. Poplar**, (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5-23-14 (Date)

Gary Kautner (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Gary Kautner		Street, firm, or rural route number; box number (if rural route); and name of street or road 8754 e. middle river rd		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village of <input type="checkbox"/> City of	
Name of municipality for mailing purposes Poplar	State WI	Zip code 54864	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date Nov 4 2014	Name of Party or Statement of Principle (5 words or less) Democrat
Title of office State Senate			Name of jurisdiction or district in which candidate seeks office State of Wisconsin 25th Dist		

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Signatures of Electors	Printed Name of Elector	Street & Number or Rural Route - Rural address must also include box or fire no.	Municipality of Residence Provide name of municipality	Date of Signing	
	GARY KAUTNER	1770 HANSON RD	Amnicon	5/20/14	
	AARON ANDERSEN	7447 E. MOUNTAIN VIEW LANE	Amnicon	5/21/14	
	KATE CRAFT	6801 ELK BLVD	Amnicon	5/21/14	
	ANNA LUNDBERG	1412 N 21 ST	Poplar	5/21/14	
	ABBY LUNDBERG	5857 2nd Ave S	Amnicon	5/21/14	
	MONICA FOSTER	1210 E HOGAN DR	Amnicon	5/21/14	
	JEANNE LINCOR	3885 SPOONER DR	Poplar	5/21/14	
	ETHEL LANDER	11 11	Poplar	5/21/14	
	JERRY COLBY	3708 S CITY	Poplar	5/21/14	
	LINDA MADER	3708 S CITY	Poplar	5/21/14	

CERTIFICATION OF CIRCULATOR

I, **Gary Kautner**, certify: I reside at **8754 e. middle river rd. Poplar** (Name of circulator) (Circulator's residence - include number, street, and municipality)

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5/22/2014 (Date) (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Gary Kautner		Street, firm, or rural route number; box number (if rural route); and name of street or road 8754 e. middle river rd		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village of <input type="checkbox"/> City of	
Name of municipality for mailing purposes Poplar	State WI	Zip code 54864	District or Jurisdiction <input checked="" type="checkbox"/> District number 25 <input type="checkbox"/> Jurisdiction (county)	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date Nov 4 2014
Title of office State Senate			Name of jurisdiction or district in which candidate seeks office State of Wisconsin 25th D. 37		

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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Signatures of Electors	Printed Name of Elector	Street & Number or Rural Route - Rural address must also include box or fire no.	Municipality of Residence Provide name of municipality	Date of Signing	
1 <i>Richard Kautner</i>	Richard Kautner	4985 S. Rockmount Rd	<input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
2 <i>Coel Newkirk</i>	Coel Newkirk	10144 E. East Oak Rd.	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
3 <i>David Bergsten</i>	David Bergsten	5340 S. CR D	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
4 <i>Claudia Porter</i>	Claudia Porter	8680 E. Deer Point Rd	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
5 <i>Dorothy A. Bergsten</i>	Dorothy A. Bergsten	5340 S. CR D	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
6 <i>William R. Pote</i>	William R. Pote	8680 E. Deer Point Rd	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
7 <i>John Olson</i>	John Olson	3570 S. Kitzner Rd	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
8 <i>Chris Johnson</i>	Chris Johnson	7287 McGowan Ln	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
9 <i>Roy H. Kautner</i>	Roy H. Kautner	3706 E. 4th St	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	
10 <i>Lynne Kautner</i>	Lynne Kautner	Rockmont Rd	<input checked="" type="checkbox"/> Town of Poplar <input type="checkbox"/> Village <input type="checkbox"/> City	5-24-14	

CERTIFICATION OF CIRCULATOR

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5/24/14 (Date)

(Signature of circulator)

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Candidate's name; no titles may be used. Gary Kauther		Street, fire, or rural route number, box number (if rural route); and name of street or road 8754e middle river rd		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Amnicon <input type="checkbox"/> Village of <input type="checkbox"/> City of	
Name of municipality for mailing purposes Poplar	State WI	Zip code 54864	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date Nov 4 2014	Name of Party or Statement of Principle (5 words or less) Democrat
Title of office State Senate			Name of jurisdiction or district in which candidate seeks office State of Wisconsin Dist 25		

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1 <i>[Signature]</i>	KONRAD P SUTENSOV	50074 Maple St 54874	Parkland	5-24-14	
2 <i>[Signature]</i>	Robert E Kelle	6468 E of Rd V	Oakland	5-24-14	
3 <i>[Signature]</i>	Antoine Dalbec	11984 E US Hwy 2	Maple	5-24-14	
4 <i>[Signature]</i>	Shawn Dalbec	11984 E US Hwy 2	Maple	5-24-14	
5 <i>[Signature]</i>	Louisa Dalbec	4044 S Hwy D	Maple	5-24-14	
6 <i>[Signature]</i>	Shayne Dalbec	11974 E US Hwy 2	Maple	5-24-14	
7 <i>[Signature]</i>	Beth Dalbec	11944 E US Hwy 2	Maple	5-24-14	
8 <i>[Signature]</i>	Daniel Dalbec	Wormay Ave	Maple	5-24-14	
9 <i>[Signature]</i>	Ronald Dalbec	11954 E US 2	Maple	5-24-14	
10 <i>[Signature]</i>	Richard Williams	PO Box 231 Maple 5103 Scty Hwy F	Maple	5-24-14	

CERTIFICATION OF CIRCULATOR

I, Gary Kauther (Name of circulator) certify: I reside at 8754 e middle river rd Poplar (Circulator's residence - Include number, street, and municipality.)

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5-24-14 (Date)

[Signature] (Signature of circulator)